larity comes to notice, strict action, including suspension/termination of services of the defaulting employee, is taken.

(d) Measures to improve discipline and efficiency in the Delhi Transport Corporation are taken on a continuing basis. Some of the measures being adopted are replacement of over-aged buses, development of infrastructural facilities like depots and terminals, prescription of norms and targets for various performance parameters, refresher training of crew, mobile squads to check crew behaviour, speedy repair and maintenance of fleet, staff welfare, etc.

Finding of Enquiry Committee in World University Services Health Centre, New Delhi

1270. SHRI PARVATHANENI UPENDRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to answer to Unstarred Question 1126 given in the Rajya Sabha on the 29th April, 1987 and state:

(a) what progress has been made in the enquiry being conducted by the University of Delhi against Dr. N. K. Suri, Medical Officer of the World University Services Health Centre;

(b) for how long the enquiry has been going on and how many times the enquiry officers were changed and by when it is likely to be completed;

(c) whether Dr. Suri and some witnesses had represented in writing against the partiality of the enquiry officer during the conduct of enquiry; and

(d) if so, what action has been taken on these representations?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) the report of the Enquiry Officer in respect of the case of DR. N. K. Suri has been received and the same is under consideration of the authorities, according to the information received from Delhi University.

(b) The enquiry against Dr. Suri was started on 5th November, 1984. However, the earlier two Enquiry Officers left the enquiry at the initial stages and, therefore, the third Enquiry Officer was appointed and he started the enquiry in April, 1986.

(c) Dr. N. K. Suri represented in writing against the partiality of the Enquiry Officer. No witnesses, however, represented against the Enquiry Officer.

(d) No action was taken on his representation since there appeared no substance in the representation of Dr. N. K. Suri warranting change of Enquiry Officer.

रेल डाक सेवा (आर०एम०एस०) के कर्मचारियों को क्षय रोग होने की शिकायतें

1271. **श्री शांति त्यागी** : क्या संचार मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या यह सच है कि डाक विभाग की रेल डाक सेवा (आर.एम. एस) के कर्मचारियों में क्षयरोग होने की बहुत शिकायतें आ रही है जिनकी एक कारण यह बताया गया है कि जब कर्मचारी डाक के बड़े-बड़े थैलों में पत्र तथा डाक की अन्य वस्तुएं भरते हैं, तो उनको सांस के साथ धूल भी जाती है,

(ख) क्या सरकार ने इस मामले में कोई जांच कराई है, और यदि हां, तो उसके क्या निष्कर्ष हैं, और

(ग) सरकार आर. एम. एस. के कर्मचारियों में क्षयरोग के निवारण हेतु डाक के थैलों को धूल रहित रखने के लिए क्या उपाय कर रही है ?

संचार मंत्रालय में राज्य मंत्री (श्री संतोष मोहन देव) : (क) सर्किलों से अपेक्षित जानकारी एकत्र की जा रही है।

(ख) जी नहीं, वैसे, कल्याण की दृष्टि से, सामान्यतया सरकार रेल डाक सेवा कार्यालयों को धूल रहित थैलों की सप्लाई करने के मामले पर पहले से ही विचार कर रही है।

(ग) डाक विभाग ने दिल्ली में थैला धोने का एक उपस्कर संस्थापित किया है। बेंगलूर तथा बंबई में दो और मशीनें लगाई जा रही है।

Increase in Polio incidences despite being immunised

1272. SHRI RAJNI RANJAN SAHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that number of children got Polio despite the fact that they were immunised;

(b) if so, what was the number of cases effected by Polio during last three years, year-wise and how many were immunisd;

(c) what are the main reasons for such situation;

(d) whether Government have made any arrangements for test of batch of Polio Vaccine before administration; and

(e) if so, the details thereof and how many batches were found of full potency?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) The likelihood of children contracting Poliomyelitis when administered with potent Oral Polio vaccine at the right age and, as prescribed in the National Immunization Schedule will be very remote.

(b) The reported cases of poliomyelitis as collected and compiled by the Central Bureau of Health Intelligence and the Directorate General of Health Services, from the States/U.Ts. is given in the attached Statement (*See* below). Nubmer of Children in the country immunized against Polyomyelitis is also given in the Statement (*See* below).

(c) The two situations in which it may happen will be (i) that the child may not have received the recommended three doses of the vaccine; and (ii) the vaccine may have lost its potency due to inadequate storage.

(d) and e) Polio vaccine is not manufactured in the country. It is either imported in ready to use condition or imported in bulk concentrate form and, supplied to the Government after dilution and standardization. The quality of the vaccine is ensured by insisting on the compliance of the provisions of the Drugs an Cosmetics Act of India, 1940, by the Drugs Controller of India. No testing of the vaccine just before administration is done. At the same time, no vaccine is administered unless and until its potency etc. are certified by the Drugs Controller.

Statement

Reported number of cases due to poliomyelitis for 1984—1986

Year	Cases
1984	18040
1985	18458
1986	15748

SOURCE: Central Bureau of Health Intelligence. Directorate General of Health Services.